



Please use this form to Donate to the Overnight Respite Centre Appeal.

Please post, fax or ring to make a donation today.

Post: PO Box 685, LILYDALE VIC 3140

Phone: 03 9727 2222

Fax: 03 97273787

Online: www.caladenia.com.au

Email: caladenia@caladenia.com.au

I wish to support the Caladenia Dementia Care Overnight Respite Centre Thank You!

Donors Name _____

Company Name _____

Address _____

City / Suburb _____ State & PC _____

Telephone _____ Email _____

Donation: Thank You!

I enclose my donation for Overnight Respite Centre \$ _____

I would like to meet with Caladenia Dementia Care representative to discuss a major Donation to this Appeal: **Yes**

Yes I would like to join the Fundraising Committee: **Yes**

Yes I would like some more Information Brochures sent to me: **Yes**

Yes I would like my Donation recognised in CDC material: **Yes**

Donations can be made in instalments and spread out over the year. Ring the centre to discuss options.
A tax deductible receipt will be sent.

Payment details: I enclose my payment:

Cheque / Postal Order payments to be made out to: Caladenia Dementia Care:

Total amount payable _____ Total: \$ _____

For Credit Card donations please go online to www.caladenia.com.au and use the secure Caladenia Appeal Give Well link.
